## AUG 0 3 2004 Supplemental Application Data Sheet

## **Application Information** Application Number:: Filing Date:: **Application Information** Application Type:: Regular Subject Matter:: Utility Suggested Classification:: Suggested Group Art Unit:: CD-ROM or CD-R?:: None Number of CD Disks:: Number of Copies of CDs:: Sequence Submission?:: Computer Readable Form (CRF)?:: Number of copies of CRF:: Title:: POLY-GLU, TYR FOR **NEUROPROTECTIVE THERAPY** Attorney Docket Number:: **EIS-SCHWARTZ21A** Request for Early Publication?:: No Request for Non-Publication?:: No Suggested Drawing Figure:: Total Drawing Sheets:: 14 Small Entity?:: Yes Latin Name:: Variety Denomination Name:: Petition Included:: No Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers:: Secrecy Order in Parent Appl.?:: No **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: **Full Capacity** Michal Given Name:: Middle Name:: Family Name:: **EISENBACH-SCHWARTZ** Name Suffix:: City of Residence:: Rehovot State or Province of Residence:: Country of Residence:: Israel Street of Mailing Address:: 5 Rupin Street City of Mailing Address:: Rehovot State or Province of Mailing Address:: Country of Mailing Address:: Israel Postal or Zip Code of Mailing Address:: 76353 Applicant Authority Type:: Inventor Primary Citizenship Country:: Israel Status:: **Full Capacity** Given Name:: Ester Middle Name:: Family Name:: **YOLES** Name Suffix:: City of Residence:: D.N. Nahal Sorek State or Province of Residence:: Country of Residence:: Israel Street of Mailing Address:: 94 Moshav Beit Gamliel City of Mailing Address:: D.N. Nahal Sorek State or Province of Mailing Address:: Country of Mailing Address:: Israel 76880 Postal or Zip Code of Mailing Address:: Applicant Authority Type:: Inventor Primary Citizenship Country:: Israel Status:: **Full Capacity** 

Ehud

Given Name::

Middle Name::

Family Name::

**HAUBEN** 

Name Suffix::

City of Residence::

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State or Province of Residence::

Country of Residence::

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Street of Mailing Address::

38 Ha'alon Street

City of Mailing Address::

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State or Province of Mailing Address::

Country of Mailing Address::

Israel

Postal or Zip Code of Mailing Address::

38244

**Correspondence Information** 

Correspondence Customer Number::

001444

Representative Information

Representative Customer Number::

001444

**Domestic Priority Information** 

Application::

Continuity Type::

Parent

Parent Filing

Application::

Date::

This Application
This Application

Continuation-in-Part of

09/893,344

06/28/01

This Application
This Application

Continuation-in-Part of Continuation-in-Part of

PCT/IL2004/000008 PCT/IL02/00979 01/06/04 12/05/02

This Application

Appln claiming benefit of 35 USC 119(e)

60/527,772

12/09/03

This Application

Appln claiming benefit of 35 USC 119(e)

60/518,627

11/12/03

Foreign Priority Information

Country::

Application Number::

Filing Date::

Priority Claimed::

**Assignment Information** 

Assignee Name::

Yeda Research and Development Co. Ltd.

Street of Mailing Address::

Weizmann Institute of Science, PO Box 95

City of Mailing Address::

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State or Province of Mailing Address::

Country of Mailing Address::

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Postal or Zip Code of Mailing Address::

76100

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